

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TP	JC1175	10/31/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	10/31/01
2	✓
3	
4	✓
5	NN
6	
7	
8	
9	NJ
10	✓✓
11	■■
12	NN
13	NN
14	NN
15	✓
16	NN
17	■■■
18	NN
19	✓✓
20	NN
21	✓■
22	
23	■■
24	■■
25	■■
26	✓■■
27	NN
28	✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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